

# This Computes!



**Department of Health Services  
Children's Medical Services  
E47 Eligibility Phase 1  
Information Bulletin # 8**

The following items were addressed in the August 11, 2001 update to CMS Net:

Program Eligibility Screen now allows entry of signed Program Services Agreement (PSA) for annual reviews (program eligibility dates in the future).

Medical Report Received has been corrected so users no longer receive FFILE+11^NEMR program error when receiving unsolicited medical reports.

DXCR tickler- has been corrected so denied closed and not open cases do not appear on the tickler.

ANN tickler-has been corrected so cases that already have the annual review completed or pending eligibility letters generated for annual review, do not appear.

**Insurance/Other Coverage**

The Medi-Cal Count-Qtr (MCC) and Medi-Cal List-Qtr (MCL) reports utilize the Medi-Cal number in the Insurance/Other Coverage screen. The Medi-Cal count for your county may not reflect an accurate representation of Medi-Cal beneficiaries in your county due to the fact some Healthy Families (HF) or California Children's Services (CCS) only cases have Medi-Cal numbers in this field.

The correct procedure for entering the 14 Medi-Cal number in CMS Net in the Insurance/Other Coverage screen is:

- Medi-Cal clients (M/C No SOC, SOC, etc.) enter the 14 digit Medi-Cal number on the Insurance/Other Coverage screen,
- Health Families (HF) only or California Children's Services (CCS) only cases, 14-digit Medi-Cal number should be left blank.